

COMMUNITY LIVING RESPITE PROGRAM COMMUNITY COMPANION RESPITE PROGRAM (SSBG)

I. SERVICE DEFINITION

The Community Companion Respite Program and the Community Living Respite Program provide adults with physical disabilities, ages 18 to 59, with the means to access resources in the community to meet their needs and/or interests while providing respite opportunities for their caregivers. The program is to support the principles of self-determination, which are freedom, authority, support, and responsibility.

This service provides for a caregiver assessment, to identify caregiver needs; interest inventories, to identify consumers' needs and interests; community partners, persons who enable consumers to visit designated community locations, and transportation to targeted community events and activities.

II. SERVICE GOAL

To provide adults with physical disabilities with opportunities for personal, social and/or educational enrichment through access to community resources and at the same time reducing stress and exhaustion for caregivers.

III. SERVICE UNIT

A unit of service for this program is one hour of service provided by a respite worker to an eligible consumer. In calculating the hours of service provided, the time spent in preparing for the visit and traveling to and from the client's home shall not be counted.

IV. SERVICE AREA

The Community Companion Respite service will be provided statewide.

The Community Living Respite service will be provided in Sussex County.

V. LOCATION

The service can be provided in a variety of community locations, depending on needs of individual program participants.

For those participants that may become homebound for health or other reasons, respite can be provided in the home for a maximum of 4 months. If it is

anticipated that the participant will be homebound for more than 4 months, they shall be referred to the DSAAPD Statewide Respite Program.

VI. ELIGIBILITY

Participation in this program is limited to adults with physical disabilities, aged 18-59. The person must require substantial assistance from a caregiver in order to remain independent.

For the purposes of this program, a person with a physical disability is considered a person who has an anatomical/physiological deficit which:

- Is anticipated to last 12 months or more
- Substantially affects his or her ability to independently carry out activities of daily living
- Is impractical to correct through assistive technology or home modification. Priority for service shall be given to those persons who are homebound and who otherwise would not have access to opportunities to make use of community resources.

Participants in the Community Companion Respite program must meet resource and income eligibility requirements of long term care Medicaid (250% of the SSI payment standard.)

Participants in the Community Living Respite program must be a resident of Sussex County. They may also be over 59 if previously enrolled in the program.

VII. DESCRIPTION

The provider agency is responsible for screening requests for services through his program and for determining applicant's eligibility.

Services available to qualified applicants include:

- Assistance with identification of caregiver needs through a caregiver assessment
- Assistance with identification of consumer needs through the use of interest inventories and other instruments
- Help during participation in community activities, through "community partners"
- Transportation to various locations.

Caregiver Assessment

A caregiver assessment should be completed to identify the caregiver's needs. They should be detailed and thorough to ensure the caregiver's needs are being met. Caregivers should be offered information regarding such things as, caregiver resource centers, support groups, and other resources that may be beneficial to their mental health and well-being.

Interest Inventories

Once an individual (the consumer) is determined eligible for the program he/she will work with program staff to complete an interest inventory along with other assessment tools deemed appropriate by the provider agency. The consumer and agency staff will work together to develop an individualized community living plan that will take into consideration the needs of the caregiver. This plan will include the individual's goals; a schedule for community participation; and details as to how community resources will be accessed. In addition, the plan will include referrals to other programs or services which would be beneficial to the consumer. It is the responsibility of the provider agency to establish per capita spending and service limits based on actual and projected service utilization and other factors. Consumers and staff will develop plans in accordance with these criteria. Plans will be reviewed and updated at least annually or more often, as needed.

Community Partners

Each consumer's plan will indicate whether or not he/she will need a community partner to accompany him/her during the course of his/her participation in community living activities. Partners may be required to assist with certain activities of daily living such as eating or toileting for example. For this reason, community partners will be required to receive training on issues/techniques related to the provision of care for persons with physical disabilities. Community partners will be paid directly by the provider agency.

Transportation

Transportation will be provided by the agency to locations determined by the consumer and program staff to be appropriate and of value to the consumer in meeting his/her needs. Activities which may be designated include social, educational, or other enrichment activities.

Such activities include, but are not limited to:

- Shopping, appointments in the community
- Attending classes or training events
- Participating in activities to improve physical fitness or self defense
- Participating in social groups or community organizations
- Attending community events or social activities
- Volunteering at schools, hospitals, community organizations or other locations

VIII. SERVICE STANDARDS

Respite services must meet or exceed the following standards:

- The agency must comply with all applicable Federal, State, and local rules, regulations, and standards applying to the service being provided.
- Staff must be fully trained and professionally qualified. The agency must maintain, follow, and continually update a training and supervision program to make sure respite staff are fully trained and familiar with agency procedures.
- Respite care workers shall have and maintain first aid and CPR certification. Certification must be kept on file with agency.
- Drivers must possess a valid drivers license. Copies of drivers license must be kept on file with agency. They must be trained in and/or demonstrate ability to safely seat and move passengers with physical disabilities.
- Vehicles must be accessible to persons with physical disabilities and maintained in safe operating condition.
- All requests for service must be process within five (5) working days of receipt, including identification of possible eligibility for respite service funded from a source other than this program.
- In-home case assessments must be done within five (5) working days of receipt of application, unless there is a prioritized waiting list.
- A caregiver assessment must be completed at the initial interview, and every 6 months thereafter. These written assessments of the caregiver's needs should become part of the consumer's permanent case file, and be available for review during monitoring or other auditing sessions. Caregiver's assessments should be detailed and thorough, with adjustments in service hours where applicable, to ensure the caregiver's needs remain the primary focus and are being met to the best of the provider's ability.
- Through the use of interest inventories, the agency must prepare an Individualized Care Plan for the consumer. The plan must identify those services to be provided to the consumer while the caregiver is relieved. The caregiver's needs must be considered when developing the care plan to ensure that the hours and services provided meet their needs and the needs of the consumers.

VIII. SERVICE STANDARDS (cont.)

- A plan of care must be developed for each new participant within five (5) working days after enrollment.
- Consumers must be reassessed every six (6) months, with revisions made in the plan of care as necessary to determine if services currently provided through the program continue to meet their needs. Any observed changes must be immediately noted in the consumer's plan of care.
- Consumer and caregiver assessments and consumer care plans shall be formulated by qualified staff such as a Registered Nurse, Licensed Practical Nurse, or a Social Worker with training or experience in issues and needs of the adults with disabilities
- Individual consumer files are to be considered confidential and maintained in a locked filing cabinet.
- Clear policies regarding cancellations and other matters related to the operation of the program must be developed and distributed in writing to all program participants.
- Outreach for this program will be carried out by the provider agency.
- Caseload must be reviewed whenever a vacancy arises (or more frequently) to make sure priority clients are being served.
- The provider agency is responsible for maintaining records of service utilization and for submitting all required reports in a timely manner. The provider agency will cooperate with the Division of Services for Aging and Adults with Physical Disabilities by providing access to program information, consumer records, and other data, as needed, for purposes of program monitoring and evaluation.

IX. SERVICE AND CLIENT PRIORITIES

Respite Care funded by the Division is available only to Delaware residents ages 18 to 59 who would not otherwise qualify for this service under any other program.

Priority shall be given to referrals from hospitals, doctors, case management staff, and family support groups.

Priority for Respite Care should go to those individuals meeting the above conditions who are otherwise eligible for admission to an Intermediate Care Facility if they do not receive respite care.

X. PROHIBITED SERVICES

For purposes of planning and reimbursement, respite service may not include any of the following components:

- Skilled care, unless provided by a Registered Nurse or Licensed Practical Nurse under the direction of a Registered Nurse
- Nail or foot care of diabetics
- Makeup, hair setting or barbering
- Heavy duty cleaning, furniture moving or other heavy work
- Lawn care, garden, raking or snow removal
- Any fees, such as: entrance fees, activity fees, seminars
- Transportation to activities which are considered illegal by the State of Delaware
- Costs associated with overnight travel
- Meals
- Financial or legal advice or services (except for referral to qualified agencies or programs)
- Any activity that could be a health or safety hazard

XI. WAITING LISTS

When the demand for a service exceeds the ability to provide the service, a waiting list is required. Applicants will be placed on the waiting list until services can be provided, or until services are no longer desired by the applicant. The waiting list must be managed in accordance with DSAAPD policy X-I-4, Client Service Waiting List.

The service provider's guidelines for prioritizing clients on the waiting list must be in writing and available for review. In addition to any client priorities listed in the service specifications, these guidelines may include, as appropriate:

- Danger or risk of losing support systems, especially living settings or supports necessary for self-maintenance
- Risk of institutionalization
- Significant risk of abuse or neglect
- Basic health, safety and welfare needs not being met through current supports
- Risk of functional loss without intervention or ongoing skill maintenance services
- Exhibition of behavior that presents a significant risk of harm to self or others

- Compatibility with available services.

In each case, the reason for the selection of an individual ahead of others on the waiting list must be documented (e.g. in writing and available for review).

XII. TYPE OF CONTRACT

Unit Cost/Fixed Reimbursement Rate

XIII. METHOD OF PAYMENT

Hourly fixed rate. The DSAAPD will reimburse the rate for each hour of eligible service based upon receipt of an invoice submitted within ten (10) calendar days after the end of each month.

Each monthly itemized invoice submitted for reimbursement must contain the following information in order to qualify for reimbursement:

1. Participant name
2. Number of hours
3. Hourly rate
4. Total dollars

A cover sheet should accompany the billing, which summarizes the statement attached. The cover letter should contain the:

1. Name of agency
2. Time period covered by billing, and
3. Information which would denote the following formula:

$$\begin{array}{l} \text{Total hours this period} \\ \times \text{Unit Rate} \\ \hline = \$ \text{Total Earnings} \end{array}$$

XIV. REPORTING REQUIREMENTS

A Quarterly Program Report and a Quarterly Financial Report are required and must be received by DSAAPD no later than twenty-one (21) calendar days following the end of the quarter. Each report must contain a live signature (preferably in blue ink) of the official who completed the report. The phone number and the date the report was completed are also required. A final financial report is due to the Division within ninety (90) calendar days after the program end date. Additional information can be found on these reports in the DSAAPD Policies and Procedures Manual.

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PLANNED SERVICE UNITS AND PROPOSED OBJECTIVES

GRANTEE / AGENCY NAME: _____

PROGRAM NAME: _____

| PLANNED SERVICE UNITS | 1st Qtr | 2nd Qtr | 3rd Qtr | 4th Qtr | TOTAL |
|--|---------------------------|---------------------------|---------------------------|---------------------------|--------------|
| 1. Number of hours of direct service provided | | | | | |
| 2. Number of unduplicated consumers served | | | | | |
| 3. Number of Caregiver Assessments completed | | | | | |
| 4. Number of Caregiver Re-Assessments completed | | | | | |
| 5. Number of Interest Inventories completed | | | | | |
| 6. Number of Consumer Care Plans developed for consumers | | | | | |
| 7. Number of Information and Assistance contacts | | | | | |

NOTE: The above projections (goals) are compared with actual statistics on the Service Objectives Status Form, which is Page 2 of the Quarterly Program Performance Report.